

1040 Department of the Treasury—Internal Revenue Service (99) 2017		OMB No. 1545-0074	
For the year Jan. 1–Dec. 31, 2017, or other tax year beginning 2017, ending 20			
Your first name and initial DIRASHA		Last name JACKSON	
If a joint return, spouse's first name and initial		Last name	
Home address (number and street). If you have a P.O. box, see instructions. 7516 S LAFAYETTE		Apt. no.	
City, town or post office, state and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CHICAGO IL 60620		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county	
		Foreign postal code	
Filing Status 1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) (see instructions)			
Check only one box.			
Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17, check here if child tax credit (see instructions) If more than four dependents, see instructions and check here <input type="checkbox"/> d Total number of exemptions claimed			
Boxes checked on 6a and 6b: 1 No. of children on 6a who: • lived with you <input type="checkbox"/> • did not live with you due to divorce or separation (see instructions) <input type="checkbox"/> Dependents on 6a not entered above <input type="checkbox"/> Add numbers on lines above: 1			
Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15b Taxable amount 16a Pensions and annuities 16b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income			
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.			
Adjusted Gross Income 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income			
7 22,671 8a 0 8b 0 9a 0 9b 0 10 0 11 0 12 -4,084 13 0 14 0 15a 0 15b 0 16a 0 16b 0 17 0 18 0 19 0 20a 0 20b 0 21 0 22 18,587 23 0 24 0 25 0 26 0 27 0 28 0 29 0 30 0 31a 0 31b 0 32 0 33 0 34 0 35 0 36 0 37 0			
Form 1040 (2017)			

Form 1040 (2017) DIRASHA JACKSON

Page 2

Tax and Credits

Standard Deduction for—
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others:
Single or Married filing separately, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	18,587
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a 0		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,350
41	Subtract line 40 from line 38	41	12,237
42	Exemptions. If line 38 is \$150,000 or less, multiply \$4,050 by the number on line 42. Otherwise, see instructions	42	4,050
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	8,187
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4872 c <input type="checkbox"/>	44	818
45	Alternative minimum tax (see instructions). Attach Form 8861	45	0
46	Excess advance premium tax credit repayment. Attach Form 8882	46	
47	Add lines 44, 45, and 46	47	818
48	Foreign tax credit. Attach Form 1116 if required	48	0
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8833, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	0
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 8800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	0
55	Add lines 48 through 54. These are your total credits	55	0
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	818

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	0
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	0
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	0
60a	Household employment taxes from Schedule H	60a	0
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	0
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8859 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	0
63	Add lines 58 through 62. This is your total tax	63	818

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	576
65	2017 estimated tax payments and amount applied from 2016 return	65	0
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8853, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	0
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8855 d <input type="checkbox"/>	73	0
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	576

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number XXXXXXXXXX ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXXXX		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	242
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below ☐ No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately reflect all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature ▶ Date ▶ Your occupation ▶ SECURITY ▶ Daytime phone number ▶

Spouse's signature. If a joint return, both must sign. ▶ Date ▶ Spouse's occupation ▶

If the IRS asks you for identity protection, call the IRS at 1-800-829-1040.

Paid Preparer Use Only

Print/Type preparer's name ▶ Preparer's signature ▶ Date ▶ Check ☐ if self-employed ▶ PTIN ▶

Firm's name ▶ Firm's EIN ▶ Phone no. ▶

SCHEDULE C
(Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2017

Attachment
Sequence No. 09

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

DIRASHA JACKSON

Social security number

A Principal business or profession, including product or service (see instructions)
CHILD CARE

B Enter code from instructions

C Business name, if no separate business name, leave blank.

D Employer ID number (EIN) (see instructions)

E Business address (including suite or room no.) ► 7516 S LAFAYETTE
City, town or post office, state, and ZIP code CHICAGO IL 60620

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses . . . ☒ Yes ☐ No

H If you started or acquired this business during 2017, check here . . .

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . . .

☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099? . . .

☐ Yes ☒ No

Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on form W-2 and the "Statutory employee" box on that form was checked.	<input type="checkbox"/>	1	5,066
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	5,066
4 Cost of goods sold (from line 42)		4	0
5 Gross profit. Subtract line 4 from line 3		5	5,066
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	5,066

Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8			18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	0		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10			20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11			a Vehicles, machinery, and equipment	20a	0
12 Depletion	12			b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14			22 Supplies (not included in Part III)	22	1,465
15 Insurance (other than health)	15			23 Taxes and licenses	23	
16 Interest:				24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a			a Travel	24a	0
b Other	16b			b Deductible meals and entertainment (see instructions)	24b	0
17 Legal and professional services	17			25 Utilities	25	
25 Total expenses before expenses for business use of home. Add lines 8 through 24a	25			26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29			27a Other expenses (from line 48)	27a	7,685
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		0	b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31		-4,084			

22 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 2.
• If you checked 32b, you must attach Form 6199. Your loss may be limited.

32a ☒ All investment is at risk.
32b ☐ Some investment is not at risk.

Schedule C (Form 1040) 2017 **OKRASHA JACKSON** Page **2**
Part 2 Cost of Goods Sold (see instructions)

35 Method(s) used to value closing inventory: ☐ a Cost ☐ b Lower of cost or market ☐ c Other (attach explanation)

36 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

38 Inventory at beginning of year. If different from last year's closing inventory, attach explanation **38**

39 Purchases less cost of items withdrawn for personal use **39**

37 Cost of labor. Do not include any amounts paid to yourself **37**

38 Materials and supplies **38**

39 Other costs **39**

40 Add lines 35 through 39 **40** 0

41 Inventory at end of year **41**

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 **42** 0

Part 3 Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) _____

44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
☐ a Business ☐ b Commuting (see instructions) ☐ c Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part 4 Other Expenses. List below business expenses not included on lines 8-29 or line 30.

FOOD AND SNACKS	3,400
BOOKS AND TOYS	1,260
LAUNDRY	160
PENS PENCILS PAPER CRAYON	400
SOAP LOTION TOWELS	820
CABLE AND INTERNET	1,645
48 Total other expenses. Enter here and on line 27e	7,685

KIA

Schedule C (Form 1040) 2017

- DHL Express, Express 0:00, Express 10:30, Express 12:00, Express Worldwide, Express Envelope, Import Express 10:30, Import Express 12:00, and Import Express Worldwide.

- FedEx First Overnight, Priority Overnight, Standard Overnight, 2 Day, International Next Flight Out, International Priority, International First, or International Economy.

- UPS Next Day Air Early A.M., Next Day Air, Next Day Air Saver, 2nd Day Air, 2nd Day Air A.M., Worldwide Express Plus, or Worldwide Express.

Step 5. Keep a copy

Print a second copy of the return for your records. We recommend that you also print and retain these supporting forms, which don't need to be sent to the state:

- Background Worksheet